

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|------|---------|-------------------|----------|----------|--|-------------------------------|------|-------------------|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="https://nadc.nebraska.gov">https://nadc.nebraska.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <h2 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h2> <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <b>Left Office/Position</b> </div> <p style="margin: 0;">NADC FORM C-1</p>                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">1/14/25</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: blue; font-weight: bold; margin: 0;">JAN 16 25</p> </td> </tr> </table> | POSTMARK<br>DATE                                              | 1/14/25                                                                                                                                                                                                                                                     | OFFICE USE ONLY |              | <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: blue; font-weight: bold; margin: 0;">JAN 16 25</p> |                          |        |      |         |                   |          |          |  |                               |      |                   |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1/14/25                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: blue; font-weight: bold; margin: 0;">JAN 16 25</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <ul style="list-style-type: none"> <li>Holders of designated offices and positions must file this statement with the Commission within 30 days after leaving the office or position. See the instructions on page 5 for more information.</li> <li>Dollar values need not be reported for any item, except Item 11.</li> <li>All items must be filled out or marked none.</li> <li>Persons who fail to file as required are subject to a civil penalty of up to \$5,000.</li> </ul>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <b>ITEM 1    YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <span>McDonald</span> <span>Scott</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> </td> <td style="width: 15%;">Telephone No.</td> <td style="width: 25%;">308/340-3808</td> </tr> <tr> <td>E-mail</td> <td colspan="3">scottssinclair@gpcom.net</td> </tr> <tr> <td>Address</td> <td>810 Bailey Street</td> <td>Stratton</td> <td>NE 69043</td> </tr> <tr> <td></td> <td style="font-size: small;">STREET ADDRESS OR RURAL ROUTE</td> <td style="font-size: small;">CITY</td> <td style="font-size: small;">STATE    ZIP CODE</td> </tr> </table> |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                          | <div style="display: flex; justify-content: space-between;"> <span>McDonald</span> <span>Scott</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> | Telephone No.   | 308/340-3808 | E-mail                                                                                                                                 | scottssinclair@gpcom.net |        |      | Address | 810 Bailey Street | Stratton | NE 69043 |  | STREET ADDRESS OR RURAL ROUTE | CITY | STATE    ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="display: flex; justify-content: space-between;"> <span>McDonald</span> <span>Scott</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> | Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 308/340-3808                                                  |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | scottssinclair@gpcom.net                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 810 Bailey Street                                                                                                                                                                                                                                           | Stratton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NE 69043                                                      |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS OR RURAL ROUTE                                                                                                                                                                                                                               | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE    ZIP CODE                                             |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <b>ITEM 2    OCCASION FOR FILING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| Left office or position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <b>ITEM 3    OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| If you have left office, list the office you held.<br><table style="width: 100%;"> <tr> <td style="width: 60%;">Office or Position: Hitchcock County Commissioner District #3</td> <td style="width: 10%;">Term:</td> <td style="width: 15%;">1-7-21</td> <td style="width: 15%;">1-9-25</td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">BEGINS</td> <td style="font-size: small;">ENDS</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Office or Position: Hitchcock County Commissioner District #3 | Term:                                                                                                                                                                                                                                                       | 1-7-21          | 1-9-25       |                                                                                                                                        |                          | BEGINS | ENDS |         |                   |          |          |  |                               |      |                   |
| Office or Position: Hitchcock County Commissioner District #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Term:                                                                                                                                                                                                                                                       | 1-7-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1-9-25                                                        |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | BEGINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ENDS                                                          |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| Name of City, County, District, or State Agency: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <b>ITEM 4    OFFICE SOUGHT (Not applicable for Left Office or Position filing)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| Leave Item 4 blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| <b>ITEM 5    PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |
| This statement must cover all financial interests from the beginning of the calendar year up to and including the date you left office.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Left office, this statement covers the period January 1, 2024 to January 9, 2025</span> <span style="font-size: small;">(DATE YOU LEFT OFFICE OR POSITION)</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                             |                 |              |                                                                                                                                        |                          |        |      |         |                   |          |          |  |                               |      |                   |

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| <b>ITEM 6 SOURCES OF INCOME OF OVER \$1,000</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |
| Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        |
| Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received.                                                                                                                                                                                                                                                                | List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income. |
| <b>Also include your Government position if you were paid more than \$1,000.</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| 1.) Hitchcock County, Nebraska<br>229 East D Street<br>Trenton, NE 69044                                                                                                                                                                                                                                                                                                                                                                        | 1a.) County Government                                                                                                                                                                 |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2a.)                                                                                                                                                                                   |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3a.)                                                                                                                                                                                   |
| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a.)                                                                                                                                                                                   |
| *NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.                                                                                                                                                                                                 |                                                                                                                                                                                        |
| <b>ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                        |
| Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need not report business associations which are otherwise listed under Item 6. |                                                                                                                                                                                        |
| Name and Address of Business or Organization.                                                                                                                                                                                                                                                                                                                                                                                                   | Nature of Association                                                                                                                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| 1.) Scotts Sinclair                                                                                                                                                                                                                                                                                                                                                                                                                             | 1a.) FFL License - Sale of guns and ammunition                                                                                                                                         |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2a.)                                                                                                                                                                                   |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3a.)                                                                                                                                                                                   |
| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a.)                                                                                                                                                                                   |
| 5.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5a.)                                                                                                                                                                                   |
| 6.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6a.)                                                                                                                                                                                   |
| 7.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7a.)                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)</b>                           |                                                                                           |
| <p>List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need <b>not</b> report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| 802 Bailey Street, Stratton, NE<br>508 Beaver Avenue, Stratton, NE<br>502 A Street, Benkelman, NE<br>707 Hamilton Street, Stratton, NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              | residential-rental<br>self storage unit                                                   |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| McCook National Bank (Stratton)<br>Pioneer Community FCU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              | 403 Bailey Street, Stratton, NE 69043<br>PO Box 117, Palisade, NE 69040                   |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Edward Jones, McCook, NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |                                                                                           |
| (c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do <b>not</b> include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |

**ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.**

Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need **not** be reported.

| Name                                             | Address |
|--------------------------------------------------|---------|
| <b>If you have nothing to report, write NONE</b> |         |
|                                                  |         |

**ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE**

| Name and address of Donor                        | Occupation or nature of business of Donor | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
|--------------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>If you have nothing to report, write NONE</b> |                                           |                                  |                                                            |
| None                                             |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |
|                                                  |                                           | Choose Value:                    |                                                            |

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

**ITEM 12 SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)****ITEM 13 SIGNATURE OF FILER AND DATE**

I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.

(Signature of Filer)

Scott McDonald

(Date)

13 JAN 2025

**Criminal Penalties:** Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.